| Please type a plus sign (+) inside this box | + | |
|---|---|--|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | Application Number | PC1/F12005/050076 |
|------------------------|------------------------|------------------------------------|
| | Filing Date | March 11, 2005 |
| POWER OF ATTORNEY OR | First Named Inventor | Pekka Linnonmaa |
| AUTHORIZATION OF AGENT | Title | Method and Apparatus for Producing |
| AOTHORIZATION OF ACENT | Group Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | TAMPPAT-21 |

| I hereby app | oint: | | | | | | | |
|--|--|-------|---------------------|--------------------------------|----------|--|--|--|
| × | Practitioners at Customer Number | 36528 | | | | | | |
| | | | | | | | | |
| G | Practitioner(s) named below: | | | | | | | |
| | Name | | Registration Number | | | | | |
| | | | · | | | | | |
| | | | | | | | | |
| , | | | | | | | | |
| | | | | | | | | |
| | forney(s) or agent(s) to prosecute the | | | above, and to transact all bus | iness in | | | |
| the United States Patent and Trademark Office connected therewith. | | | | | | | | |

| Please ch | ange the | correspon | dence address for the | above-identifi | ied app | lications to: | | | |
|-------------|--------------------------------------|------------|--|--------------------|------------|-----------------|-------------|-----------------|---|
| G | The above-mentioned Customer Number. | | | | | | | | |
| C | OR | | | | | | | | |
| | — G | Practition | ner(s) named below: | | | | | | |
| |)R | | | | | | | | |
| G | Firm <i>or</i> Individua | al Name | | | | | | | |
| Addr | ess | | | | | | | | |
| Addr | ess | | | | | ··· | · | ······ | |
| City | | | | State | | | Zip | | |
| Cour | | | | | | | | | |
| Telephone | | | | | Fax | | | | |
| I am the: | | | | | | | | | |
| \boxtimes | Applicant | /Inventor | | | | | | | |
| | | | of the entire interest. ' CFR 3.71(b) is enclose. | | | 96). | | | |
| | | | SIGNATURE of App | licant or Assig | gnee of | Record | | | M. C. |
| Name | Pekk | a Lippenm | aa / | | | | | | |
| Signature | /Ju | liller | lin | | | | | | |
| Date | 1. | 2.9.20 | 06 | | | | | | |
| | | | s or assignees of record of the equired, see below*. | ne entire interest | or their r | epresentative(s |) are requi | red. Submit mul | tiple |
| \boxtimes | *Total of | 3 | forms are submitted. | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

| Please type a plus sign (+) inside this box | + | |
|---|---|--|

PTO/SB/81 (02-01)

Approved for use t hrough 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | PCT/FI2005/050076 |
|------------------------|------------------------------------|
| Filing Date | March 11, 2005 |
| First Named Inventor | Pekka Linnonmaa |
| Title | Method and Apparatus for Producing |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TAMPPAT-21 |

| | | | | | | | |
|-------------|----------|---|---------------|------------|-------------------|----------------|----------|
| I hereby ap | point: | | | | | | |
| ⊠ | Prac | titioners at Customer Number | 36528 | | | - | |
| | | | | | | | |
| G | Prac | titioner(s) named below: | <u> </u> | | | - 4 | |
| | Nam | е | | Regist | ration Number | | |
| | | | , , | | | | |
| | | | | | | | |
| | | .,, | | | , | | ļ |
| | | | | | | | <u> </u> |
| • | • | (s) or agent(s) to prosecute the Patent and Trademark Office o | | | above, and to tra | nsact all busi | iness in |
| | | | | , | | | |
| Please cha | inge the | correspondence address for t | he above-iden | tified app | olications to: | | |
| G | | The above-mentioned Custo | mer Number. | | | | |
| Ol | R | | | | | | |
| | | Practitioner(s) named below: | | | | | |

| Please cl | Please change the correspondence address for the above-identified applications to: | | | | | | | | |
|-------------|--|------------|---|--------------------|------------|------------------|-------------|------------------|-----|
| | G The above-mentioned Customer Number. | | | | | | | | |
| (| OR | | | | | | | | |
| | | Practition | ner(s) named below: | | | | | | |
| (| OR . | | | | | | | | |
| G | Firm <i>or</i> Individu | al Name | | | | | | | |
| Add | ress | | | | | | | | |
| Add | ress | | | | | | | | |
| City | | | | State | | | Zip | | |
| Cou | ntry | | | | | | | | |
| Tele | phone | | | | Fax | | | | |
| I am the: | | | | | | | | | |
| \boxtimes | Applican | t/Inventor | | | | | | | |
| | | | of the entire interest. 7 CFR 3.71(b) is enclo | | | 96). | | | |
| | | | SIGNATURE of App | olicant or Assi | gnee o | f Record | | | |
| Name | Hanr | nu Lätti | | | | | | | |
| Signature | | enny | till! | | | | | | |
| Date | 6.11 | 0.2006 | 2 40 | | | | | | |
| | | | s or assignees of record of t equired, see below*. | he entire interest | or their r | epresentative(s) | are require | d. Submit multip | ole |
| \boxtimes | *Total of | 3 | forms are submitted. | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

| Please type a plus sign (+) inside this box | + | |
|---|---|--|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR

AUTHORIZATION OF AGENT

| Application Number | PCT/FI2005/050076 |
|------------------------|------------------------------------|
| Filing Date | March 11, 2005 |
| First Named Inventor | Pekka Linnonmaa |
| Title | Method and Apparatus for Producing |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | TAMPPAT-21 |

| I hereby app | oint: | | | | | | | | |
|--|---------------------------------------|-------------------|----------|---------------------|---------------|--------|--|--|--|
| ⊠ | Practitioners at Customer Number | 36528 | | | | | | | |
| | | | | | | | | | |
| G | Practitioner(s) named below: | | | | | | | | |
| | Name | | Regist | ration Number | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 300 | | | | | |
| as my/our att | torney(s) or agent(s) to prosecute th | e application ide | entified | above, and to trans | act all busin | ess in | | | |
| the United States Patent and Trademark Office connected therewith. | | | | | | | | | |
| | | | | | | | | | |
| Disease shows the correspondence address for the above identified applications to: | | | | | | | | | |

| Please ch | nange the | correspond | dence address for the | above-identif | ied app | lications to: | | | |
|-------------|--------------------------------------|-------------|--|-------------------|------------|-----------------|---|---------------------------------------|---|
| G | The above-mentioned Customer Number. | | | | | | | | |
| |)R | | | | | | | | |
| | — G | Practition | er(s) named below: | | | | | | |
| |)R | | | | | | | | |
| G | Firm <i>or</i> Individu | al Name | | | | | | | |
| Addı | ess | | | | | | *************************************** | | |
| Addr | ess | | | | | | | | |
| City | | | | State | | | Zip | <u> </u> | |
| Cour | | | | | | | | | |
| | phone | | | | Fax | | | | |
| I am the: | | | | | | ~~~ | | | |
| \boxtimes | Applican | t/Inventor | | | | | | | |
| | | | of the entire interest. S CFR 3.71(b) is enclos | | | 96). | | | |
| | | | SIGNATURE of Appl | icant or Assi | gnee of | Record | | · · · · · · · · · · · · · · · · · · · | |
| Name | Marl | kku Kyytsör | ien | | | | | | |
| Signature | 2 | لتباليا | - Linguis | | | | | | _ |
| Date | | 1-69-2 | | | | | | | |
| | | | or assignees of record of th quired, see below*. | e entire interest | or their r | epresentative(s |) are require | ed. Submit multiple | |
| \boxtimes | *Total of | 3 | forms are submitted. | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.